



United Way helping seniors remain independent.

Updated June 2017

North Shore Better at Home Program Intake Form

Date: _____

(Please request a new copy if this form is older than 6 months)

Personal Information	
Last name:	First name:
Phone number:	Date of birth:
Full address (including postal code):	
Type of dwelling: <input type="checkbox"/> House (detached) <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment/Condo (Buzzer #: _____) <input type="checkbox"/> Suite in house <input type="checkbox"/> Care Facility <input type="checkbox"/> Other _____	
Gender:	Marital Status:
Ethnicity:	Does the client live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
Language spoken at home:	Translator needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	

Alternate Contact	
Last name:	First name:
Phone:	Relationship to client:
Email:	

How was the client referred to Better at Home?	<input type="checkbox"/> Health authority (VCH) Name/Phone #: _____ <input type="checkbox"/> Advertisement <input type="checkbox"/> Doctor <input type="checkbox"/> Family or friend <input type="checkbox"/> North Shore Community Resources <input type="checkbox"/> Other _____
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Better at Home Services	
Service(s) required:	<input type="checkbox"/> Minor Home Repairs <input type="checkbox"/> Light yard work/gardening <input type="checkbox"/> Transportation <input type="checkbox"/> Volunteer-assisted grocery shopping <input type="checkbox"/> Friendly Visiting
For transportation clients only:	
Registered with Handy Dart: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Assisted Devices: <input type="checkbox"/> Cane <input type="checkbox"/> Walker [approximate weight: _____] <input type="checkbox"/> Wheelchair* <input type="checkbox"/> Scooter*	
*Note: our drivers may not be able to accommodate these devices	



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Health and Safety	
Does the client have any healthcare concerns that we should know about (ex. physical disabilities, mental health issues, cognitive impairments, visual or hearing impairments, allergies)? If yes, please describe below:	
Which other support services is the client currently receiving? (VCH - Home and Community Care, Veterans Affairs, etc.) Please list below:	
Are there any risks in client's home (ex. pets (provide quantity, size, and type), bed bugs, cigarette smoke, weapons)?	

Sliding Scale for Service Fees (based on total income, line 150 on income tax forms).				
Fee Category	Single Income (for clients living alone)	Household Income (for clients not living alone)	Basis	Charge to Client
A	Below \$17,350	Below \$26,450	Guaranteed Income Supplement (GIS)	\$100% subsidy, donations accepted
B	\$17,351 - \$24,500	\$26,451 - \$37,100		70% subsidy
C1	\$24,501 - \$31,300	\$37,101 - \$54,300	Above GIS cutoff, but below average income	50% subsidy
C2	\$31,301 - \$38,400	\$54,301 - \$72,000		30% subsidy
D	Over \$38,400	Over \$72,000	Average income for BC persons aged 65+	No subsidy
Would the fees charged for Better at Home services result in significant hardship for the client (ex. inability to pay bills, buy medication and groceries, or meet financial obligations such as debt payments)? If yes, please describe below:				
If applicant is between the ages of 55-64, please specify if currently receiving financial disability assistance (PWD). <input type="checkbox"/> Yes* <input type="checkbox"/> No *Note: proof of PWD must be submitted before an application can be processed.				
Verification of income: <input type="checkbox"/> Income Tax Return (please do not attach) <input type="checkbox"/> PWD (attach, if applicable) Amount from line 150 Net Income: \$ _____				Assessed fee category:



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As a client of North Shore Better at Home Program you:

Have the right to...

- Be treated with respect, courtesy, honesty and consideration.
- Have your private information kept confidential unless otherwise specified by you or in cases where abuse, neglect, or harm to self or others is suspected.
- Receive information about the services you are seeking or receiving and to have your inquiries answered.
- Request a change in volunteer and/or contractor providing service if a reasonable cause can be cited and upon availability of service providers within the service capacity of the Better at Home Program.
- Be informed of any changes to your services and choose to refuse or to terminate service at any time.

Have the responsibility to...

- Treat staff, contractors, and volunteers without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.
- Not solicit or request volunteers or the staff of contractors to perform work 'on the side' or to extend their scheduled time of an appointment.
- Respect the right of volunteers and contractors to refuse any task which they feel is unsafe or inappropriate.
- Keep equipment, which may be used by contractors and volunteers, in safe operating condition.
- Provide a safe environment for contractors and/or volunteers to work.
- Provide necessary information promptly, accurately, and in good faith and ask questions for clarification.
- Inform a Better at Home service coordinator, contractor, and/or volunteer when an appointment for service is cancelled with a minimum of 24 hours cancellation notice.
- Keep your account financially up to date.
- Abide by these responsibilities and understand that your Better at Home services can be terminated at any time by North Shore Community Resources if they are not being adhered to.

Notes:



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Consent for the Release of Information

North Shore Community Resources Society and the “Better at Home” program may need to share the personal information provided in this Intake Form with Better at Home contracted service companies and Better at Home volunteers to provide the client with appropriate services. Any correspondence will be made only in the best interest of the client and with as much confidentiality as possible. It is a client’s right to cancel or change his or her consent at any time. This request should be confirmed in writing.

I _____ consent to release to the North Shore Community Resources Society and the “Better at Home” program the personal information provided in this document and understand this information will only be used to provide me with appropriate services, which I reserve the right to cancel at any time.

Signature of Client

Date

If submitted on behalf of a client:

Please provide the contact information of the person making the referral.

Name

Phone Number

Relationship to Client

Better at Home is funded by the Government of British Columbia.